## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Citizens 4 Ethics in Government	C C00524082
Check if 24-hour report X 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
Full Name of Payee  Jamestown Associates	Date of Public Distribution/Dissemination
	08 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Mapleton Rd	Amount
City State Zip Code	48300.00
Princeton NJ 08540	Transaction ID : SE.4276 Date of Disbursement or Obligation
Purpose of Expenditure Media Expense-48 hr report  Category/ Type	08
Name of Federal Candidate Support Office	e Sought: House District: 00
JOE S CARR Oppose	President State: TN
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Jamestown Associates	08 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Mapleton Rd	Amount
City State Zip Code	25000.00
Princeton NJ 08540	Transaction ID : SE.4278  Date of Disbursement or Obligation
Purpose of Expenditure Media Expense-48 hr. report  Category/ Type	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
LAMAR ALEXANDER Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	73300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	73300.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	08
Signature	